

Can an optimum list size be estimated?

Sir,

The number of patients attended by a general practitioner during a working day (r) depends on two factors; the size of the doctor's list (n) and the probability (P) that a patient will receive attention. The probability can be derived by dividing the annual work rate (expressed as patient contacts per year) by the number of working days. It can also be estimated from records collected over a sample observation period.

As far as published studies indicate¹ a rough approximation for P in an 'average' practice is 0.02, based on an annual rate of four contacts per patient per year and a five day working week.

The number of patients receiving attention in one day in a practice is

$$n \times P = r$$

This observation could provide a method for estimating an optimum list size, because if r is optimal for a given P the value for n which satisfies the equation must also be optimal.

It should be possible to estimate an optimal daily work rate. On commonsense grounds, one would expect the figure to fall between 10 and 50 patients per day.

The uncertainty of this assertion would be reduced by a study in which a sample group of doctors would be invited to handle a number of simulated situations as though they were working under ideal conditions. The situations would be structured to include activities such as examination, side room and laboratory testing and counselling with the purpose of establishing the time which should be allocated to them. The measurements would be extrapolated to estimate the number of people who could be managed in this way in a day. The extrapolation would be based on a notional representative morbidity pattern for a day.

While it is accepted that the estimates might occupy a range, the concept of a range of values is of more practical use than the concept of an all-embracing result. Buchan and Richardson² have shown that such a study is feasible, although their measurements were made in the context of active practice and indicate what is possible within the constraints of the service situation rather than what is desirable.

If a suitable range for r could be identified by this method the estimated range for an optimal list size would be calculated from

$$n = \frac{r}{P}$$

The approach is illustrated by an example in which 30 patients per day is suggested as the optimum and $P=0.02$. Under these circumstances $n=1500$, the size of list envisaged in the Gillie report.

The present average list of 2,000 gives a daily working rate of 40 patients for the same probability.

The list size problem is topical because of current interest in audit and the possibility that the general practitioners contract may be revised.

If College is to advise on these matters, its advice should be based on reason and measurement and it seems that an approach to the problem along the lines indicated here could only be helpful.

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References

1. Butler J. *How many patients?* Bedford: Bedford Square Press, 1980.
2. Buchan IC, Richardson IM. *Time study of consultations in general practice.* Scottish Health Service Studies. Edinburgh: Scottish Home and Health Department, 1973.

What is the role of training for the medical receptionist?

Sir,

Earlier this year I undertook a piece of research on the role of training for the medical receptionist. Suitable questionnaires were distributed among doctors and medical receptionists within one Family Practitioner Committee area in Inner London. Opinions were sought from doctors as well as from medical receptionists, both trained and untrained, with regard to the content of courses and on the advisability of undertaking them. The results of the study are summarized below.

Most of the general practitioners were unable to judge the usefulness of the Association of Medical Secretaries, Practice Administrators and Receptionists (AMSPAR) Certificate in Medical Reception, probably due to lack of knowledge of the course content. However, the majority considered a medical receptionist course would be useful and were quite flexible with regard to possible course patterns. Of the subjects already being taught on AMSPAR courses, they considered Communication, General Practice Administration and Social and Welfare Services to be the most important areas of study on courses. They also thought dealing with ethnic groups who have language problems, book-keeping and new technology would be useful.

In the case of the receptionists, those who had attended courses found them to be of benefit while most of those who had not attended courses did not think they would benefit from attending them. The areas of study considered most useful by those who had attended courses were Communication, Medical Ethics and Medical Terminology. Those who had not attended courses considered Communication, Medical Ethics and General Practice Administration would be most useful to them. Like the general practitioners, the receptionists thought that it would be necessary to keep up-to-date with new technology in relation to their work. In general, it does